

PROOF OF CLAIM

<p align="center">United States Bankruptcy Court District of Idaho</p> <p>Instructions: Complete this form and mail to: US Bankruptcy Court, 550 West Fort St. MSC 042, Boise, ID 83724</p>	<p align="center">PROOF OF CLAIM Chapter (please check appropriate box): <input checked="" type="checkbox"/> 7 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 U.S. COURTS</p> <p>Proof of Claim Form and Supporting Documents are to be filed in DUPLICATE on Chapter 12 and 13 cases.</p> <p align="right">98 SEP - 8 PM 1:49 FILED CAMELON S. BURKE CLERK IDAHO</p>
<p>In Re: (NAME OF DEBTOR) <u>COMMUNITY HOME HEALTH</u></p>	<p>CASE NUMBER: <u>9802141</u></p>
<p>NAME AND MAILING ADDRESS OF CREDITOR (The person or other entity to whom the debtor owes money or property):</p> <p><u>Linda Diane Cook, RN</u> <u>1239 Eldoran Drive</u> <u>Nampa, Idaho 83651</u></p>	<p>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 USC §503.</p>
<p>ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR <u>Community Home Health Inc 82-0339</u></p>	<p>Check here if this claim: <input type="checkbox"/> REPLACES <input type="checkbox"/> AMENDS a previously filed claim dated: <u>I sent all in once - I don't know what to mark</u></p>
<p>1. BASIS FOR CLAIM: <input type="checkbox"/> Goods Sold <input type="checkbox"/> Services Performed <input type="checkbox"/> Money Loaned <input type="checkbox"/> Personal Injury/Wrongful Death <input type="checkbox"/> Taxes <input type="checkbox"/> Assignment <input type="checkbox"/> Retiree Benefits as defined in 11 U.S.C. §1114(a) <input checked="" type="checkbox"/> Wages, salaries and compensation: Social Security #: <u>526-72-7477</u> Unpaid compensation for services performed from <u>June 1st 1998</u> to <u>June 25th 1998</u></p>	
<p>2. DATE DEBT OCCURRED: <u>June 25th 1998</u></p>	<p>3. IF COURT JUDGMENT, DATE OBTAINED:</p>
<p>4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code, all claims are classified as one or more of the following: a. Secured b. Unsecured Nonpriority c. Unsecured Priority It is possible for part of a claim to be in one category and part in another. COMPLETE THE APPROPRIATE BOX (or boxes) that best describes your claim and STATE THE AMOUNT OF THE CLAIM AT THE TIME THE CASE WAS FILED.</p>	
<p>SECURED CLAIM: \$ _____ Attach evidence of perfection of security interest Brief description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe Briefly) Amount of Arrearage and other charges at time case was filed included in secured claim above, if any: \$ _____</p>	<p>UNSECURED PRIORITY CLAIM: \$ <u>2822.70</u> SPECIFY THE PRIORITY OF THE CLAIM: <input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$4000, earned not more than 90 days before the filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier) 11 USC § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 USC § 507(a)(4). <input type="checkbox"/> Up to \$1800 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 USC § 507(a)(6). <input type="checkbox"/> Taxes or penalties of governmental units - 11 USC § 507(a)(7). <input type="checkbox"/> Other - Specify applicable paragraph of 11 USC § 507(a) _____</p>
<p>UNSECURED CLAIM: \$ <u>2,822.70</u> A claim is unsecured if there is not collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.</p>	
<p>5. TOTAL AMOUNT OF CLAIM AT THE TIME THE CASE WAS FILED: UNSECURED: \$ <u>2822.70</u> SECURED: \$ <u>0</u> PRIORITY: \$ _____ TOTAL \$ <u>2822.70</u> <input type="checkbox"/> Check if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.</p>	
<p>6. CREDITS AND OFFSETS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to the debtor.</p>	<p align="center">THIS SPACE FOR COURT USE ONLY</p> <p align="center" style="font-size: 2em; transform: rotate(-15deg);">amended # 164</p> <p align="center" style="font-size: 2em;">179 K</p>
<p>7. SUPPORTING DOCUMENTS: ATTACH COPIES OF SUPPORTING DOCUMENTS, such as promissory notes, purchase orders, invoices, assignments, deficiency documents, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.</p>	
<p>DATE: <u>9-3-98</u></p>	<p>Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). <u>Employee # 01313</u> <u>Linda D Cook RN.</u> TELEPHONE NO: <u>208 442-1251</u></p>